1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Barren County Schools			State
	Street Address 202 W V	Vashington St r, KY 42141	4_	
	City, State Zip Glasgow	, KY 42141		Other:
	DUNS# 1000268	363		10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		
	Description	Title III – English Language Learners	7	Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department		
7		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		histrative Requirements, Cost Principles, and Audit		
	The state of the s	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$34,654.00	Commonw	a	LIII
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb			
	Barren \$7,684; Glasgow \$14,	766; Metcalfe \$1,205; Monroe \$7,835; Nelson \$3,164		
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0, 2018	3 and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of	of funds is contingent upon the following: an approved Title	II appli	cation in GMAP, the Districts Funding Assurances email statement
	uploaded in GMAP by the sup	perintendent and the Federal Cash Request Assurances uploa	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu	nding.	A STREET, STRE	
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Boone C	ounty Schools		State
	Street Address 8330 US	42 , KY 41042 Depar	4_	
	City, State Zip Florence	, KY 41042	4 1	Other:
	DUNS# 0818653	70		10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): NO	LB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regula	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonwo	11	Evaluations:
	\$149,313.00	Committee	1881	CAL
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb	pers:		
13				B and the final Federal Cash Request must be submitted by
	-			cation in GMAP, the Districts Funding Assurances email statement
	-		ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bourbor	County Schools		State
	Street Address 3343 Lex	xington Rd	4_	Federal
	City, State Zip Paris, KY	xington Rd 4 40361		Other:
	DUNS# 0728652	298		10
		CAS	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	- 177 P	Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	- 1	CLB, Title III, Sections 3111-3141, Education Department		
	-	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	arus III 2 CFR Part 200 ariu 3474.	11	Evaluations:
	\$19,587.00	Commonw	Cd.	Evaluations.
6	Period of Award:			
"	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Meml			
1	Consortia, rartifersing interin	SCI 3.		
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September	30, 201	8 and the final Federal Cash Request must be submitted by
	_ =			ication in GMAP, the Districts Funding Assurances email statement
				GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu		Alexander Alexander	
14	Authorized By (Name/Title):			Date: July 8, 2016
		Division of Learning Services		, ,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bowling Green Independent Schools			State
	Street Address City, State Zip Bowling Green, KY 42101		1	Federal
	City, State Zip Bowling	Green, KY 42101		Other:
	DUNS# 0598385			10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-1</mark> 6		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	-	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$66,144.00	001111101111		
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Meml	pers:		
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	30, 2018	B and the final Federal Cash Request must be submitted by
	l -			cation in GMAP, the Districts Funding Assurances email statement
	I			GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu	· · · · · · · · · · · · · · · · · · ·		
14	Authorized By (Name/Title):			Date : July 8, 2016
	, , , , , , , , , , , , , , , , , , , ,	Division of Learning Services		• •
	1	<u> </u>		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Butler County Schools			State
	Street Address PO Box	339	4_	Federal
	City, State Zip Morgan	339 town, KY 42261 Par		Other:
	DUNS# 1000269		1	10-
		CAR	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002</mark> -16		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department	-	
-	• 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
		ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$12,506.00	Commonw	Ja.	LIII
6	Period of Award:		1	
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
	•			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 201	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
			ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	· · · ·		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Carroll County Schools			State
	Street Address 813 Hav	vkins St	4_	Federal
	City, State Zip Carrollto	vkins St on, KY 41008		Other:
	DUNS# 098948:	136		10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regu	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admi	nistrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	rards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonwa	11	Evaluations:
	\$15,670.00	COMMITTEE	-	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem	bers:		
13		ons: All funds must be spent or encumbered by September		· · · · · · · · · · · · · · · · · · ·
	T			cation in GMAP, the Districts Funding Assurances email statement
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawing before spending new year funding.			
14	Authorized By (Name/Title):		Account of the second	Date: July 8, 2016
14	Authorized by (Name/ 11tle):	Division of Learning Services		Date. July 6, 2010
		DIVISION OF LEGITHING SELVICES		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Christian	County Schools		State
	Street Address PO Box 6	509	1	Federal
	City, State Zip Hopkins	609 ville, KY 42241	4 1	Other:
	DUNS# 0796745			10-
		City	8	Method of Payment:
2	KDE Contact Information:			
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Federal Cash Request Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly Quarterly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department		
		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$30,284.00	Committee	-	
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns: All funds must be spent or encumbered by September 3	0, 2018	and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of	f funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
	uploaded in GMAP by the sup	erintendent and the Federal Cash Request Assurances uploa	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date : July 8, 2016
		Division of Learning Services		
	•			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clark Co	unty Schools		State
	Street Address 1600 W	Lexington Ave ster, KY 40391	4_	Federal
	City, State Zip Winches	ster, KY 40391		Other:
	DUNS# 0297863	142		10-
		CA	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
	-			Other
	Cuant Authority (Causes), N	CLB, Title III, Sections 3111-3141, Education Department		
4	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
	The state of the s	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	ards in 2 Critifact 200 and 5474.	11	Evaluations:
	\$11,300.00	Committee	Ca.	Evaluations.
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September	30, 201	8 and the final Federal Cash Request must be submitted by
	_ -			ication in GMAP, the Districts Funding Assurances email statement
	I			GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Covington Independent Schools			State	
	Street Address 25 E Se	venth St	4_	Federal	
	City, State Zip Coving	venth St on, KY 41011		Other:	
	DUNS# 016370			10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regu	lations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Av	vards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$47,159.00	001111101111			
6	Period of Award:				
	July 1, 2016 – September 30				
12	Consortia/Partnership Men	bers:			
13	Special Instructions/Conditi	ons: All funds must be spent or encumbered by September 3	2019	R and the final Federal Cash Request must be submitted by	
-5				cation in GMAP, the Districts Funding Assurances email statement	
	T				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn before spending new year funding.				
14	Authorized By (Name/Title)			Date: July 8, 2016	
		Division of Learning Services		· · · · · · · · · · · ·	
	<u> </u>				

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Danville Independent Schools			State
	Street Address 152 E M	lartin Luther King Blvd , KY 40422	13	□ Federal
	City, State Zip Danville	, KY 40422		Other:
	DUNS# 003777	497		10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department		
4		lations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
	-	vards in 2 CFR Part 200 and 3474.		
5	Award Amount:		11	Evaluations:
	\$10,698.00	Commonw	Ja.	LIT
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
	•			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	30, 201	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
		· · · · · · · · · · · · · · · · · · ·	ided in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):			Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Daviess	County Schools		State
	Street Address PO Box 2	21510 oro, KY 42304	1	
	City, State Zip Owensb	oro, KY 42304	4 4	Other:
	DUNS# 0778681	56		10-
		CAR	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361	-	Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regula	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$63,582.00	OGIZIZZOZIV	-	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Memb	pers:		
13				B and the final Federal Cash Request must be submitted by
	-			cation in GMAP, the Districts Funding Assurances email statement
	-		ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):			Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Erlanger-Elsmere Independent Schools			State
	Street Address City, State Zip Erlanger, KY 41018		4_	Federal
	City, State Zip Erlangei	r, KY 41018	47	Other:
	DUNS# 0506220			10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admir	nistrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	rards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$19,587.00	COLLEGE	-	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem	bers:		
40		All C. I. I. C. I. I. C. I. I.	0	
13	•			B and the final Federal Cash Request must be submitted by
	T			cation in GMAP, the Districts Funding Assurances email statement
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawibefore spending new year funding.			
14	Authorized By (Name/Title):		J.Common Co.	Date: July 8, 2016
14	Authorized by (Name/ Title):	Division of Learning Services		Date. July 0, 2010
		DIVISION OF LEGITHING SELVICES		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fayette	County Schools		State
	Street Address 701 E Ma	ain St n, KY 40505	4_	
	City, State Zip Lexingto	n, KY 40505	41	Other:
	DUNS# 0796768	54		10-
		Civil	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-1</mark> 6		
				Other
4	Grant Authority (Source): NO	LB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regula	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonwo	11	Evaluations:
	\$631,454.00	Committee	1881	CAL
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Conditio	ns: All funds must be spent or encumbered by September 3	0, 2018	8 and the final Federal Cash Request must be submitted by
	-			cation in GMAP, the Districts Funding Assurances email statement
	-		ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Franklin	County Schools		State	
	Street Address 190 King	s Daughter Dr #300	1-	Federal	
	City, State Zip Frankfor	ts Daughter Dr #300 tt, KY 40601	41	Other:	
	DUNS# 0708113	10		10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	-	istrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonwo	11	Evaluations:	
	\$29,380.00	0022111102111			
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Meml	pers:			
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0. 2018	B and the final Federal Cash Request must be submitted by	
				cation in GMAP, the Districts Funding Assurances email statement	
				GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu	The state of the s			
14	Authorized By (Name/Title):			Date : July 8, 2016	
	,, , , , , , , , , , , , , , , , , , , ,	Division of Learning Services		• •	
		<u> </u>			

1	Name and Address of Recipient:	7		Fund Type:
	Agency Name Grant County Schools			State
	Street Address 820 Arnie Risen Blvd	112 to 4		
	City, State Zip Williamstown, KY 41097	part		Other:
	DUNS# 023877574			10-
		8		Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant Gary Martin (502) 564-4970 ext. 4157			Expenditure Reimbursement
	Street Address 300 Sower Boulevard, 5th Floor			Automatic Payment
	Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361			Lump Sum
	Street Address 300 Sower Boulevard, 5th Floor			Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601			
	Children	9		Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7		
	Description Title III – English Language Learners			Monthly Quarterly Other
	Fund Source United States Department of Education			Other
	CFDA# 84.365A			
	PR/AWARD NUMBER (FAIN) S365A160017			
	MUNIS Project Number 345C	10)	Financial Reporting Method:
	MOA Number N/A			Electronic Submission CDIP
	Pass-through Number 3300002-16			
				Other
4	Grant Authority (Source): NCLB, Title III, Sections 3111-3141, Education De	nartment		
7	General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76, 77, 81, an	•		
	3485, and the Uniform Administrative Requirements, Cost Principles, and Al	The state of the s		
	Requirements for Federal Awards in 2 CFR Part 200 and 3474.			
5	Award Amount:	0011/011		Evaluations:
	\$15,820.00	OHIVVC	E.H.	
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Members:			A
	Grant \$7,835, Campbell \$7,985			
13	Special Instructions/Conditions: All funds must be spent or encumbered by			· ·
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email states			
	uploaded in GMAP by the superintendent and the Federal Cash Request Ass	urances uploaded	in GI	MAP. REMINDER: previous year funds should be spent and drawn
	before spending new year funding.			
14	Authorized By (Name/Title): Gretta Hylton, Director		D	ate: July 8, 2016
	Division of Learning Services			

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Graves (County Schools		State
	Street Address 2290 Sta	ate Rt 121 N	4_	□ Federal
	City, State Zip Mayfield	ete Rt 121 N d, KY 42066		Other:
	DUNS# 1741507	748	1	10-
		Cara	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department		
4	• 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
		ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$18,080.00	Committee	Ja.	LIT
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
	•			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 201	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
			ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	· · · ·		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Hardin (County Schools		State	
	Street Address 65 W A	Jenkins Rd	1	Federal	
	City, State Zip Elizabet	Jenkins Rd htown, KY 42701	47 4	Other:	
	DUNS# 0404260			10-	
		CAR	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Monthly Quarterly Other	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002</mark> -16			
				Other	
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department	-		
-	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	=	nistrative Requirements, Cost Principles, and Audit			
		rards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$38,722.00	Commonw	Ja.	LIII	
6	Period of Award:		1		
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Mem				
	•				
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 201	B and the final Federal Cash Request must be submitted by	
	December 7, 2018. Release	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement	
		· · · · · · · · · · · · · · · · · · ·	ded in	GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu				
14	Authorized By (Name/Title):	· · · · ·		Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Henderson County Schools			State	
	Street Address 1805 Second St		1	Federal	
	City, State Zip Henders	on, KY 42420	4	Other:	
	DUNS# 9279908	79		10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	-20		
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-1</mark> 6			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department			
		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		istrative Requirements, Cost Principles, and Audit			
		ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonwo	11	Evaluations:	
	\$19,888.00	33			
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Memb	pers:			
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by	
	-			cation in GMAP, the Districts Funding Assurances email statement	
				GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu	The state of the s			
14	Authorized By (Name/Title):			Date: July 8, 2016	
	,, ,	Division of Learning Services		• •	
		<u>-</u>			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Jefferson	n County Schools		State	
	Street Address PO Box 3	34020	1	Federal	
	City, State Zip Louisville	84020 e, KY 40232 Depar	4	Other:	
	DUNS# 0629844	30		10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	-20		
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department			
	2 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	3485, and the Uniform Admir	istrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonwo	11	Evaluations:	
	\$1,085,119.00	Commiton		CAT .	
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Memb	pers:			
13		ns: All funds must be spent or encumbered by September 3			
	*			cation in GMAP, the Districts Funding Assurances email statement	
		The state of the s	ded in	GMAP. REMINDER: previous year funds should be spent and drawn	
1.0	before spending new year fu			Date: July 9, 2016	
14	Authorized By (Name/Title):	·		Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Jessamine County Schools			State	
	Street Address 871 Wiln	more Rd	1	Federal	
	City, State Zip Nicholas	more Rd sville, KY 40356	4	Other:	
	DUNS# 0778755	532		10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601	-20		
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-1</mark> 6			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonwo	11	Evaluations:	
	\$31,339.00	002222022			
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Meml	pers:			
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0. 2019	B and the final Federal Cash Request must be submitted by	
				cation in GMAP, the Districts Funding Assurances email statement	
				GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu	The state of the s	Alternation of the second		
14	Authorized By (Name/Title):			Date: July 8, 2016	
	,, , , , , , , , , , , , , , , , , , , ,	Division of Learning Services		• •	
		<u> </u>			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Kenton County Schools			State	
	Street Address 1055 Ea	ton Dr	4_	Federal	
	City, State Zip Fort Wr	ton Dr Ight, KY 41017	41	Other:	
	DUNS# 060915	324		10-	
		C	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regu	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$54,090.00	001111101111			
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Mem	bers:			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by	
				cation in GMAP, the Districts Funding Assurances email statement	
	T			GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu	·			
14	Authorized By (Name/Title):			Date: July 8, 2016	
	, ,	Division of Learning Services			
		-			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Madison County Schools			State	
	Street Address PO Box 7	768	1	Federal	
	City, State Zip Richmor	768 nd, KY 40475	47	Other:	
	DUNS# 0740706	332		10-	
		CAS	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	3485, and the Uniform Admir	istrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$38,873.00	COLLECTION	-		
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Memb	pers:			
4.5					
13	•			and the final Federal Cash Request must be submitted by	
				cation in GMAP, the Districts Funding Assurances email statement	
		the state of the s	iaea in	GMAP. REMINDER: previous year funds should be spent and drawn	
14	before spending new year fu Authorized By (Name/Title):		A CONTRACTOR OF THE PARTY OF TH	Date: July 8, 2016	
14	Authorized by (Name/ Little):	Division of Learning Services		Date: July 8, 2010	
		Division of reattillik Services			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Mayfield	d Independent Schools		State
	Street Address 914 East	: College St	4_	□ Federal
	City, State Zip Mayfield	College St H, KY 42066		Other:
	DUNS# 0518894		7	10-
		CAS	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department		
-	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
	-	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$45,653.00	Commonw	Ja.	LII
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Meml	pers:		
	Mayfield \$37,065; Murray \$8	3,588		
13	-			B and the final Federal Cash Request must be submitted by
	I			cation in GMAP, the Districts Funding Assurances email statement
			ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu		A STATE OF THE STA	
14	Authorized By (Name/Title):			Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipion	ent:	7	Fund Type:
	Agency Name Montgo	mery County Schools		State
	Street Address 640 Wo	odford Dr	4_	□ Federal
	City, State Zip Mt Sterl	odford Dr ing, KY 40353		Other:
	DUNS# 0309543			10-
		CAR	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002</mark> -16		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department		
-	• 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	The state of the s	nistrative Requirements, Cost Principles, and Audit		
	-	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$11,602.00	Commonw	va.	LII
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem	bers:		
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by
				cation in GMAP, the Districts Funding Assurances email statement
		· · · · · · · · · · · · · · · · · · ·	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	· · · · ·		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Newport Independent Schools			State
	Street Address 301 W E	ighth St	4_	Federal
	City, State Zip Newpor	ighth St ., KY 41071	4	Other:
	DUNS# 0609195		1	10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department		
*		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	<u> </u>	istrative Requirements, Cost Principles, and Audit		
	-	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:		11	Evaluations:
	\$14,012.00	Commonw	a	UIT
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memi			
	•			
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of	f funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
		the state of the s	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Ohio Cou	unty Schools		State
	Street Address PO Box 7	70 , KY 42347 Depar	4_	
	City, State Zip Hartford	, KY 42347	41	Other:
	DUNS# 0989562	12		10-
		Circ	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-20	
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): NO	LB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regula	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonwo	11	Evaluations:
	\$21,546.00	COMMITTEE	-	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Memb	pers:		
13				B and the final Federal Cash Request must be submitted by
	-			cation in GMAP, the Districts Funding Assurances email statement
	-		ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	·		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Oldham County Schools			State	
	Street Address 6165 W	Hwy 146	1	□ Federal	
	City, State Zip Crestwo	Hwy 146 od, KY 40014	47 4	Other:	
	DUNS# 0810152		1	10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:			
	Description	Title III – English Language Learners		Monthly Quarterly Other	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department			
-	• 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit			
		ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$43,091.00	Commonw	va.	LIII"	
6	Period of Award:		1		
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Mem				
	•				
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	0, 2018	8 and the final Federal Cash Request must be submitted by	
	December 7, 2018. Release of	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement	
			ded in	GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu				
14	Authorized By (Name/Title):	· · · ·		Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owen County Schools			State
	Street Address 1600 Hv	vy 22 E	1	□ Federal
	City, State Zip Owento	vy 22 E n, KY 40359	47	Other:
	DUNS# 014360			10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department		
-		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	The state of the s	nistrative Requirements, Cost Principles, and Audit		
		vards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$16,875.00	Commonw	va.	LII
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem	bers:		
	Owen \$3,616, Gallatin \$13,2	59		
13	-	ons: All funds must be spent or encumbered by September 3		
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurance			
		· · · · · · · · · · · · · · · · · · ·	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):			Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Owensboro Independent Schools			State
	Street Address 450 Griffith Avenue City, State Zip Owensboro, KY 42302		13	□ Federal
	City, State Zip Owensk	oro, KY 42302		Other:
	DUNS# 102138			10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly Other
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
4	Grant Authority (Source): N	CLB, Title III, Sections 3111-3141, Education Department		
*		lations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	The state of the s	nistrative Requirements, Cost Principles, and Audit		
		vards in 2 CFR Part 200 and 3474.		
5	Award Amount:		11	Evaluations:
	\$30,887.00	Commonw	Ja.	LIT
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
	,			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September 3	30, 201	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement
	uploaded in GMAP by the su	perintendent and the Federal Cash Request Assurances uploa	ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu	ınding.		
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Paducah	Independent Schools		State
	Street Address PO Box 2	2550	4_	Federal
	City, State Zip Paducah	2550 n, KY 42003		Other:
	DUNS# 0492943			10-
		CAS	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
	Curant Authority (Course), NG	CLB, Title III, Sections 3111-3141, Education Department		
4		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
	The state of the s	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	ards in 2 Critifat 200 and 3474.	11	Evaluations:
	\$15,519.00	Commonw	va.	
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb			
	Paducah \$8,287; McCracken			
13			30, 201	8 and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement			
				GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Paris Independent Schools			State	
	Street Address 310 W S	eventh St	1		
	City, State Zip Paris, KY	eventh St 40361	4	Other:	
	DUNS# 0747322		and the second	10-	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:			
	Description	Title III – English Language Learners		Monthly Quarterly Other	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department			
-	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		nistrative Requirements, Cost Principles, and Audit			
		ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$19,135.00	Commonw	Ja.	ur	
6	Period of Award:				
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Mem				
	Paris \$7,081, Frankfort Independent \$1,507, Bardstown \$10,547				
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0, 2018	and the final Federal Cash Request must be submitted by	
	December 7, 2018. Release of	of funds is contingent upon the following: an approved Title	III appli	cation in GMAP, the Districts Funding Assurances email statement	
		the state of the s	ded in	GMAP. REMINDER: previous year funds should be spent and drawn	
	before spending new year fu				
14	Authorized By (Name/Title):			Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski (County Schools		State
	Street Address PO Box	1055 et, KY 42502	4_	Federal
	City, State Zip Somerse	et, KY 42502		Other:
	DUNS# 7889599	591		10-
		CA	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
	Cuart Authority (Course). N	CLB, Title III, Sections 3111-3141, Education Department		
4	, ,	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		nistrative Requirements, Cost Principles, and Audit		
	The state of the s	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	ards in 2 Critifact 200 and 5474.	11	Evaluations:
	\$14,012.00	Commonw	Cal.	Evolutions.
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem			
13	Special Instructions/Condition	ons: All funds must be spent or encumbered by September	30, 201	8 and the final Federal Cash Request must be submitted by
	_ -			ication in GMAP, the Districts Funding Assurances email statement
	I =			GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Russell C	County Schools		State
	Street Address 404 S. M	lain St. wn, KY 42629	4_	Federal
	City, State Zip Jamesto	wn, KY 42629	4	Other:
	DUNS# 1932254	.22	7	10-
		CA	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
	Curant Authority (Course), NG	CLB, Title III, Sections 3111-3141, Education Department	-	
4		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
		istrative Requirements, Cost Principles, and Audit		
	The state of the s	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	ards III 2 CTNT art 200 and 5474.	11	Evaluations:
	\$13,560.00	Commonw	d	Evaluations.
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Memb			
	Russell County \$10,396; Adai			
13		ns: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Fund			·
	<u>-</u>			GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu		Alexander of the second	
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Scott Co	unty Schools		State
	Street Address PO Box 5	578 Dwn, KY 40324 Depar	4_	
	City, State Zip Georgeto	own, KY 40324	41	Other:
	DUNS# 0728597	21		10-
		Civil	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-20	
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A			Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-1</mark> 6		
				Other
4	Grant Authority (Source): NO	LB, Title III, Sections 3111-3141, Education Department		
	General Administrative Regula	ati <mark>ons (EDGAR) IN 34</mark> CFR PARTS 76, 77, 81, and 82, 2 CFR		
	3485, and the Uniform Admin	istrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Awa	ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonwe	11	Evaluations:
	\$47,461.00	0011111111	-	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Memb	pers:		
13	l -			B and the final Federal Cash Request must be submitted by
	I			cation in GMAP, the Districts Funding Assurances email statement
			ded in	GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	·		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Shelby County Schools			State
	Street Address City, State Zip Shelbyville, KY 40066		1	Federal
	City, State Zip Shelbyvi	lle, KY 40066	4	Other:
	DUNS# 1000279	937		10-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-20	
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	330 <mark>0002-16</mark>		
				Other
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department		
	<u> </u>	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	-	istrative Requirements, Cost Principles, and Audit		
		ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	Commonw	11	Evaluations:
	\$91,908.00	33		
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Meml	pers:		
13	Special Instructions/Condition	ns: All funds must be spent or encumbered by September 3	0, 2018	B and the final Federal Cash Request must be submitted by
	l -			cation in GMAP, the Districts Funding Assurances email statement
	<u> </u>			GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu	the state of the s		
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Simpson	County Schools		State
	Street Address 430 S Co	ollege St , KY 42134	4_	Federal
	City, State Zip Franklin,	, KY 42134		Other:
	DUNS# 1000279	952		10-
		CA	8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Children.	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	Title III – English Language Learners		Monthly Quarterly
	Fund Source	United States Department of Education		Other
	CFDA#	84.365A		
	PR/AWARD NUMBER (FAIN)	S365A160017		
	MUNIS Project Number	345C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3300002-16		
				Other
	Cuant Authority (Saura), NG	CLB, Title III, Sections 3111-3141, Education Department		
4	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR		
	The state of the s	nistrative Requirements, Cost Principles, and Audit		
		ards in 2 CFR Part 200 and 3474.		
5	Award Amount:	ards in 2 Critifat 200 and 3474.	11	Evaluations:
	\$13,560.00	Committee	Ca.	Evaluations.
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Meml			
		2, Russellville Independent \$5,575		
13			30, 201	8 and the final Federal Cash Request must be submitted by
	_ =			ication in GMAP, the Districts Funding Assurances email statement
				GMAP. REMINDER: previous year funds should be spent and drawn
	before spending new year fu			
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016
		Division of Learning Services		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Todd Co	unty Schools		State	
	Street Address 205 Airp	ort Rd	4_		
	City, State Zip Elkton, k	ort Rd xy 42220		Other:	
	DUNS# 0713271			10	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:			
	Description	Title III – English Language Learners	7	Monthly Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department			
4		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		histrative Requirements, Cost Principles, and Audit			
	Was a second and a	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:		11	Evaluations:	
	\$20,039.00	Commonwe	Ja.	UIT	
6	Period of Award:				
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Members:				
	Todd \$10,095, Hopkins \$9,944				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn				
	before spending new year funding.				
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016	
		Division of Learning Services			
	-				

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Warren County Schools			State	
	Street Address PO Box 5	51810	4_	□ Federal	
	City, State Zip Bowling	61810 Green, KY 42102		Other:	
	DUNS# 0861943			10-	
		CAS	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request Expenditure Reimbursement	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:			
	Description	Title III – English Language Learners		Monthly Quarterly Other	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source): NO	CLB, Title III, Sections 3111-3141, Education Department			
4		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	-	istrative Requirements, Cost Principles, and Audit			
	-	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:		11	Evaluations:	
	\$244,988.00	Commonw	a	LIT	
6	Period of Award:				
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Members:				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn				
	before spending new year funding.				
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Washing	ton County Schools		State	
	Street Address PO Box	72 eld, KY 40069	1	□ Federal	
	City, State Zip Springfie	eld, KY 40069	4	Other:	
	DUNS# 0850560	083		10	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:			
	Description	Title III – English Language Learners		Monthly Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
	-			Other	
	Crant Authority (Source), No	CLB, Title III, Sections 3111-3141, Education Department	-		
4	• •	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		istrative Requirements, Cost Principles, and Audit			
		ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	ands in 2 ci kt art 200 and 5474.	11	Evaluations:	
	\$21,546.00	Committee	Jal	L'andrions.	
6	Period of Award:		1		
	July 1, 2016 – September 30,	2018			
12	Consortia/Partnership Members:				
	Washington \$7,835, Elizabethtown Independent \$6,931, LaRue \$6,027, Meade \$452, West Point Independent \$301				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn				
	before spending new year funding.				
14	Authorized By (Name/Title):			Date: July 8, 2016	
	·	Division of Learning Services			
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1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Wayne County Schools			State	
	Street Address City, State Zip Monticello, KY 42633		4_	Federal	
	City, State Zip Monticello, KY 42633		41	Other:	
	DUNS# 048775159			10-	
		CAR	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	330 <mark>0002-16</mark>			
				Other	
4	Grant Authority (Source): No	CLB, Title III, Sections 3111-3141, Education Department			
	General Administrative Regul	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
	-	nistrative Requirements, Cost Principles, and Audit			
	-	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Commonw	11	Evaluations:	
	\$17,327.00	001111101111			
6	Period of Award:				
	July 1, 2016 – September 30,				
12	Consortia/Partnership Members:				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and draw				
	before spending new year funding.				
14	Authorized By (Name/Title):			Date : July 8, 2016	
	,, , , , , , , , , , , , , , , , , , , ,	Division of Learning Services		• •	
		<u> </u>			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Webster	County Schools		State	
	Street Address 28 State	Rt 1340	4_	□ Federal	
	City, State Zip Dixon, K	Rt 1340 Y 42409		Other:	
	DUNS# 0823139	58		10	
		CO	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:			
	Description	Title III – English Language Learners		Monthly Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source), NO	CLB, Title III, Sections 3111-3141, Education Department			
4		ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		istrative Requirements, Cost Principles, and Audit			
	The state of the s	ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	Ommontal.	11	Evaluations:	
	\$26,819.00	Commonwe	a	LIT /	
6	Period of Award:				
	July 1, 2016 – September 30,	2018	- 19		
12	Consortia/Partnership Members:				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn				
	before spending new year funding.				
14	Authorized By (Name/Title):	Gretta Hylton, Director		Date: July 8, 2016	
		Division of Learning Services			

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name Woodfor	d County Schools		State	
	Street Address 330 Pisga	ah Pk s, KY 40383	4_	□ Federal	
	City, State Zip Versaille	s, KY 40383		Other:	
	DUNS# 1894890	57		10	
		Charles	8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Gary Martin (502) 564-4970 ext. 4157		Expenditure Reimbursement	
	Street Address	300 Sower Boulevard, 5th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		Children.	9	Reimbursement Frequency:	
3	Description/Fund Source of A	ward and Fiscal Year:		Monthly	
	Description	Title III – English Language Learners		Monthly Quarterly	
	Fund Source	United States Department of Education		Other	
	CFDA#	84.365A			
	PR/AWARD NUMBER (FAIN)	S365A160017			
	MUNIS Project Number	345C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3300002-16			
				Other	
4	Grant Authority (Source): NO	LB, Title III, Sections 3111-3141, Education Department			
4	- 1	ations (EDGAR) IN 34 CFR PARTS 76, 77, 81, and 82, 2 CFR			
		istrative Requirements, Cost Principles, and Audit			
		ards in 2 CFR Part 200 and 3474.			
5	Award Amount:	A COMMONTAL	11	Evaluations:	
	\$34,655.00	COMMINION	Ja.	LIT	
6	Period of Award:				
	July 1, 2016 – September 30, 2	2018			
12	Consortia/Partnership Members:				
13	Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018 and the final Federal Cash Request must be submitted by				
	December 7, 2018. Release of funds is contingent upon the following: an approved Title III application in GMAP, the Districts Funding Assurances email statement				
	uploaded in GMAP by the superintendent and the Federal Cash Request Assurances uploaded in GMAP. REMINDER: previous year funds should be spent and drawn				
	before spending new year funding.				
14	Authorized By (Name/Title):			Date : July 8, 2016	
		Division of Learning Services			
		-			

